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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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| UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</small> | Attorney Docket No. 250-121 DIV | |
| | First Inventor | Winfried Rauch |
| | Title | Vehicle Lifting Platform |
| | Express Mail Label No. EL 898590155 US | |

| | |
|---|--|
| APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small> 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification [Total Pages 14] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none">- Descriptive title of the Invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 2] 5. Oath or Declaration [Total Pages 2] <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <small>(for a continuation/divisional with Box 18 completed)</small>i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Form (CRF)b. Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paperc. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATIONS PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: |
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP)

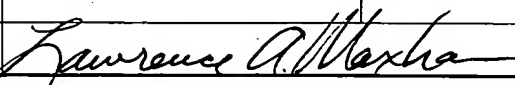
of prior application No: 09 / 942,400

Prior application information: Examiner Thuy Van Tran

Group / Art Unit: 3652

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

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| 17. CORRESPONDENCE ADDRESS | | | | | |
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|--------------------------|---|--|-----------------|
| Name (Print/Type) | Lawrence A. Maxham | Registration No. (Attorney/Agent) | 24,483 |
| Signature |  | Date | 8 December 2003 |

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**FEE TRANSMITTAL
for FY 2004**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 770**Complete if Known**

| | |
|----------------------|-----------------|
| Application Number | |
| Filing Date | 8 December 2003 |
| First Named Inventor | Winfried Rauch |
| Examiner Name | Unknown |
| Group / Art Unit | Unknown |
| Attorney Docket No. | 250-121DIV |

| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | | | | | |
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| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None | | 3. ADDITIONAL FEES | | | | | |
| <input type="checkbox"/> Deposit Account: Deposit Account Number: 020460 Deposit Account Name: THE MAXHAM FIRM | | | | | | | |
| The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | | | | | | |
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING FEE | | | | | | | |
| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | | |
| 1001 | 770 | 2001 | 385 | Utility filing fee | 770 | | |
| 1002 | 340 | 2002 | 170 | Design filing fee | | | |
| 1003 | 530 | 2003 | 265 | Plant filing fee | | | |
| 1004 | 770 | 2004 | 385 | Reissue filing fee | | | |
| 1005 | 160 | 2005 | 80 | Provisional filing fee | | | |
| SUBTOTAL (1) | | | | | (\$ 770) | | |
| 2. EXTRA CLAIM FEES | | | | | | | |
| Total Claims | 11 | -20 ** | = 0 | X | Fee from below | = 0 | Fee Paid |
| Independent Claims | 1 | -3 ** | = 0 | X | | = 0 | |
| Multiple Dependent | | | | X | | = 0 | |
| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | | | |
| 1202 | 18 | 2202 | 9 | Claims in excess of 20 | | | |
| 1201 | 86 | 2201 | 43 | Independent claims in excess of 3 | | | |
| 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid | | | |
| 1204 | 86 | 2204 | 43 | ** Reissue independent claims over original patent | | | |
| 1205 | 18 | 2205 | 9 | ** Reissue claims in excess of 20 and over original patent | | | |
| SUBTOTAL (2) | | | | | (\$ 0) | | |
| **or number previously paid, if greater; For Reissues, see above | | | | | | | |
| Other fee (specify) _____ | | | | | | | |
| *Reduced by Basic Filing Fee Paid | | | | | | SUBTOTAL (3) | (\$ 0) |

SUBMITTED BY**Complete (if applicable)**

| | | | | | |
|-------------------|---------------------------|---------------------------------|---------|-----------|-----------------|
| Name (Print/Type) | Lawrence A. Maxham | Registration No. Attorney/Agent | 24, 483 | Telephone | 619-233-9004 |
| Signature | <i>Lawrence A. Maxham</i> | | | Date | 8 December 2003 |

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BELINDA M. OWENS

(NAME)

Belinda Owens

(SIGNATURE)